Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Please refer to the Instructions for United States Environmental Protection Agency Washington, DC 20460 Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation) Notification of Hazardous Waste Acti and Recovery Act). For Official Use Only Comments C C **Date Received** SEP 12 1986 day) mo. (Vr. Installation's EPA ID Number Approved C Name of Installation Installation Mailing Address Street or P.O. Box ZIP Code State City or Town Location of Installation Street or Route Numbe **ZIP Code** City or Town Installation Contact Name and Title (last, first, and job title) Ownership Type of Ownership (enter code) A. Name of Installation's Legal Owner. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes, Refer to instructions.) B. Used Oil Fuel Activitie A. Hazardous Waste Activity 15 6. Off-Specification Used Oil Fuel 5 5 (enter X' and mark appropriate baxes below) ☐ 1b. Less than 1,000 kg/mo. 1a. Generator 2. Transporter a. Generator Marketing to Burner 3. Treater/Storer/Disposer ☐ b. Other Marketer 4. Underground Injection 5. Market or Burn Hazardous Waste Fuel C. Burner (enter 'X' and mark appropriate boxes below) 2MD - 412 ☐ 7. Specification Used Oil Fuel Marketer/property Support ON V Who First Claims the Oil Meets the Specification COION V a. Generator Marketing to Burner b. Other Marketer C. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) B. Industrial Boiler C. Industrial Furnace A. Utility Boiler VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) B. Rail C. Highway D. Water E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number A. First Notification ☐ B. Subsequent Notification (complete item C)

														ID -	- For	Official	Use C	niv		
											С	1 1						ľ	Ţ	/A C
											W							L		1
_											n front)		40.00	0 G	1 24 4		Catan	<u> </u>		·
											nal sheets			77 Part 20	11.511	or each	HSIGO	naza	irdous waste	
			1			2				3			4			5			6	
	F	0	00	~	FO	20	4													
		, p	7			8			1	9.			10			11		F	12	
				-																
											number fi s if necess		FR P	ert 261.32	I for e	ach liste	d haz	ardo	us waste from	1812
	Spoci			our m	Stanatic		168. 0	36 A			s ii necesa		10			17			18	
		e koltuse.	13			14			Manager (S)	15		The own C	16			- <del> </del> '			16	
1															E			L		
	Š.v.	1	19			20			<u> </u>	21		nu i	22			23			24	
6				100							i si Procesi									
		1 8	25	-		26		ji.		27	<del></del>		28			29	-	· }	30	
						7		Í		Ī								ľ		
													لبل							
											our-digit r				rt 261	.33 for	each c	hem	ical substance	) 
			31	Τ.	T	32	Т	1		33	-11		34			35	· T	T	36	
																		Ī		
								5	<u>.</u>									ŀ		
	Se h		37			38		Walat	eri eri	39			40		-	41	-	.	42	
ALP NO														86 4 10 2 24 2 2 2 28 2 2 2						
			43			44				45			46			47			48	
											i.a.			N.A.						
						- 14-0 60	المثالم س		umbas fa	- AO	CEP Part	281 244	OF 650	sh bararde	THE WA	este fron	n hose	itale	, veterinary h	ne.
ا. ا	pitals	, or n	nedical a	and re	search	laborate	ories y	out	installat	ion ha	ndles. Use	additio	nal sh	eets if ne	cessar	у.	i i i i i i i i i i i i i i i i i i i	,		
j lis G			49			50				51			52			53			64	
				Ž.									B 1			·				
E. (	here	cter	stics of	Noni	isted H	zardo	ıs Wa	stos	Mark 7	C in th	e boxes co	orrespor	ding 1	to the cha	racter	istics of	nonlis	ited	hazardous wa	stes
•	our i	nstal	lation ha	andles	s. (See 4	Ю CFR	Parts .	261.	.21 — 26	1.24)			Ī.,				(H)			
		G	1 Igni (DO	table					2. Corro		The Second		□ 3	Reactive	e, la				4. Toxic	
٧ı	Co	-	cation	(וני				n de de de Marie de	(D002	<b>1</b>		9 10		(D003)			. 41		(2000)	y siste
<u> </u>		-			alty of	lawt	hetl	hau	o norce	analh	, avamir	ned an	d am	familia	r witl	h the ii	aforn	atio	on submitte	d in
	this	an	d all at	tach	ed dad	umen	ts. ai	nd t	that ba	sed o	n my ind	auiry a	f tho	se indiv	ridua.	ls imm	edial	ely	responsible	e for
10	obt	ainii	na the i	infor	matio	n. I bel	ieve t	thai	t the su	bmitt	ted infor	matior	is tr	ue, accu	ırate,	and co	omple	ete.	l am aware imprisonm	that
C:-			c siyili	iii Gal	νι μση	aities :	01 36	IVII.			nd Officia	<del> </del>			JUJ11	,,,,, oi			Signed	
oig	natu	- /	mald	i D	1	$\mathcal{H}$			N	8	vala		5000		54	24			1-27-S6	
		10	wald	P.	- Su	with				Kor	VALD I	P. SA	1174	, CORP	. S.	44.		Ŏ	-2/-36	

GEPA Notification of Hazardous Waste	365 Activity	filing Notifica this form. The here is requ 3010 of the F	to the Instructions for tition before completing information requested pred by law (Section desource Conservation						
For Official Use Only		and Recovery	ACU.						
Comments			Ç.						
C C		0 3 DE	BECEIVED						
Installation's EPA ID Number Approved	/yr. are:	day)							
C FILD025837287 T/A C 1 A	8609	02	SEP 12 1986						
I. Name of Installation									
KENNY CONSTRUCTION	CO								
II. Installation Mailing Address Street or P.O. Bex			385						
=250 MORTHGATE PKW	Y could								
City or Town		State	ZIP Code						
MHEELING		IL	60090						
III. Location of Installation Street or Route Number									
5250 WORTHGATE PKW	A TOTAL	State	ZiP Code						
EWHEELING		IL	60090						
IV. Installation Contact									
Reme and Title (last, first, and job title)	CT. 3 1	254	8 200						
V. Ownership									
A Name of Installation's Legal Owner.	V CO	B. Type of	Ownership <i>(enter code)</i> :						
VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate box	es. Refer to ins	tructions.)	The High Service						
A. Hazardous Waste Activity	B. Used C	il Fuel Activit	1990 15 H WI TE						
1a. Generator 1b. Less than 1,000 kg/mo. 6. Off-Spi	6. Off-Specification Used Oil Fuel 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5								
	Remerator Marketine to Burner								
☐ 3. Treater/Storer/Disposer ☐ 4. Underground Injection ☐ b.	SEP 0 2-1986								
5. Market or Burn Hazardous Waste Fuel		Market 1							
(enter 'X' and mark appropriate boxes below)  ☐ a. Generator Marketing to Burner  ☐ 7. Specific	cation Used Oil Fu	el Marketeri/e	CONDINA BRANCHON W						
□ b. Other Marketer □ c. Burner	☐ 7. Specification Used Oil Fuel Marketer/excOrpsing Specific No. V. Who First Claims the Oil Meets the Specification NEGION V.								
VII. Waste Fuel Burning: Type of Combustion Device tenter 'X' in all appro	opriate boxes to inc	licate type of co	mbustion device(s) in						
which hazardous waste fuel or off-specification used oil fuel is burned. See instructions  A. Utility Boiler  B. Industrial Boiler	The second secon	combustion der Industrial Furn	and the second s						
VIII. Mode of Transportation (transporters only — enter 'X' in the app			O Marin II (Makasa)						
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)	Cook-	03/	- h						
IX. First or Subsequent Notification									
Mark 'X' in the appropriate box to indicate whether this is your installation's first not notification. If this is not your first notification, enter your installation's EPA ID Number in	in the space provid	led below.	1/20/868						
A. First Notification B. Subsequent Notification (complete item C)	C. In	stallation's EP	A ID Number						

					L		· ID -	- For Official U	se Only	
						С				T/A C
						w				1
X.	Description of	Haza	dous Waster	s /co	ntinued from from	7		a suesidi in		
	·	***		_	Enter the four-digit nu		CFR Part 28	1.31 for each lis	sted hazardous w	aste
	from nonspecific sou	rces y	our installation I	andi	es. Use additional shee	ets if necessary	y.			
	<u> </u>	-	2	-	3	4		5	_	6
	FOUD	8	F004							
	7	F	8		9	10		- 11	-	12
**		-								
	Mazardous Wastes	rom S	pecific Sources	Ente	r the four-digit numbe	r from 40 CFR	Part 261.3	2 for each listed	hazardous waste	from
	specific sources you	r insta	llation handles.	Use a	dditional sheets if nec	essary.				
	13		14	I	15	16		17		18
و تواد				1						
										·   ]
	19		20	1	21	22		23		24
		<u> </u>		1						
	25	: L	26	ļ	27	28		29		30
	Commissial Chami	nei Dw	dust Manardau	Was	ites. Enter the four-dig	t pumber from	AO CER D	261 33 for an	ob obemical subs	1000
					ous waste. Use additio			III 201.33 IUI 98	ÇII CITETITICAL SUDS	Marice
	] 31	- T	32	T	33	34	<u> </u>	35		36
	3'	<u> </u>	32	1	33	34		35	<b></b>	30
	37	一	38	1	39	40		41	7	42
3). a				1			T		7	
	43		44	1	45	46		47		48
				1						
					umber from 40 <i>CFR</i> Par installation handles. U				rospitals, veterini	ary hos-
	49		50		51	52		53		54
Fag.										
								<u> </u>		
E. (	Characteristics of N your installation han	onliste dies. /3	id Hazardous W See 40 CFR Parts	261	. Mark 'X' in the boxes .21 — 261.24)	corresponding	g to the cha	racteristics of no	onlisted hazardou	s wästes
					* *	, 1			# 4. Tox	cic I
	1. Ignita	ble			2. Corrosive		3. Reactive	* .		
2/1	/\ (D001	ble /			2. Corrosive (D002)		3. Reactive (D003)		(0000	
XI.	. Certification				(D002)		(D003)		(D000)	0)
XI.	Certification  I certify under p	) enalt	y of law that i	hav	(D002) re personally exam	nined and a	(D003) m familia	r with the info	(D000 prmation subm	o) mitted in
XI.	Certification  I certify under p this and all atta	) enalt ched	documents, a	and a	(D002) re personally exam that based on my i	inquiry of th	(D003) m familia nose indiv	r with the info	prmation submitiately respon	nitted in sible for
XI.	Certification  I certify under p this and all atta obtaining the in	enalt ched forms	documents, a tion, I believe	and :	(D002) re personally exam that based on my i t the submitted info	inquiry of the ormation is:	(D003) m familia nose indiv true, accu	r with the info iduals immed irate, and com	prmation subn diately respon nplete. I am aw	nitted in sible for vare that
	Certification  I certify under p this and all atta obtaining the in there are signifi	enalt ched forms	documents, a tion, I believe	and :	(D002) re personally exam that based on my i t the submitted info nitting false inform	inquiry of the prmation is a ation, include	(D003) m familia nose indiv true, accu ding the p	r with the info iduals immed irate, and com	prmation subn diately respon nplete. I am aw ne and impriso	mitted in sible for vare that
	Certification  I certify under p this and all atta obtaining the in	enalt ched forms cant j	documents, a tion, I believe	and :	(D002)  The personally example that based on my is the submitted information of the submitted in the submitting false information of the submitting false and Office of the submitting false and Office of the submitting false and Office of the submitted in the su	inquiry of the prmation is a ation, include	m familia nose indiv true, accu ding the p	r with the info iduals immed arate, and com- assibility of fi	prmation subn diately respon nplete. I am aw	mitted in sible for vare that onment.



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

November 12, 1986

5HS-JCK-13

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (Form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of your notification form should be retained for future use.

If you have any further questions regarding hazardous waste activity, please contact our Hotline at (312) 886-4001.

Since rely yours

Gerald W. Phillips, Chief

Office of Underground Storage Tanks

**Enclosure** 

